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FEC MAIL ROOM

2008 DEC 10 P 1:30

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL BRADY FOR CONGRESS	<input type="checkbox"/> (Check if name is changed)	2. DATE				
(b) Number and Street Address P.O. Box 8277	<input type="checkbox"/> (Check if address is changed)	3. FEC Registration Number C00311043				
(c) City, State and Zip Code THE WOODLANDS, TX 77387	4. Is This Report An Amendment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. TYPE OF COMMITTEE (Check one)						
<input checked="" type="checkbox"/> (a) This committee is a principal campaign committee. (Complete the candidate information below.)						
<input type="checkbox"/> (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
<table border="1"> <tr> <td>Name of Candidate KEVIN P. BRADY</td> <td>Candidate Party Affiliation REPUBLICAN</td> <td>Office Sought U.S. REPRESENTATIVE TX-C08</td> <td>State/District</td> </tr> </table>		Name of Candidate KEVIN P. BRADY	Candidate Party Affiliation REPUBLICAN	Office Sought U.S. REPRESENTATIVE TX-C08	State/District	
Name of Candidate KEVIN P. BRADY	Candidate Party Affiliation REPUBLICAN	Office Sought U.S. REPRESENTATIVE TX-C08	State/District			
<input type="checkbox"/> (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.						
<input type="checkbox"/> (d) This committee is a _____ committee of the _____ Party. (National, State or Subordinate)						
<input type="checkbox"/> (e) This committee is a separate segregated fund.						
<input type="checkbox"/> (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.						
6. Name of Any Connected Organization or Affiliated Committee		Mailing Address and ZIP Code				
Type of Connected Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Corporation w/o Capital Stock <input type="checkbox"/> Labor Organization <input type="checkbox"/> Membership Organization <input type="checkbox"/> Trade Association <input type="checkbox"/> Cooperative						
7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records. Full Name KINDRA L. HEFNER Mailing Address P.O. Box 8277, THE WOODLANDS, TX 77387 Title or Position POLITICAL DIRECTOR						
8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name W. ROBERT EISSLER Mailing Address P.O. Box 8277, THE WOODLANDS, TX 77387 Title or Position TREASURER						
9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. BANK ONE Mailing Address and ZIP Code P.O. Box 2629 THE WOODLANDS, TX 77252-2629						

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER W. R. EISSLER	SIGNATURE OF TREASURER 	DATE 12-8-00
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.